

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF GEORGIA  
ATLANTA DIVISION

IN RE:	Rhonda Anita McLendon	:	Case No.: 11-55662
		:	
	DEBTOR	:	Judge: JRS
		:	
		:	Chapter: 13

**AMENDMENT TO SCHEDULES**

COMES NOW the Debtor in the above-styled action and hereby amends her Plan and Schedules as follows:

1. Schedule I is amended as attached.
2. Schedule J is amended as attached.
3. Summary of Schedules is amended as attached.

WHEREFORE, Debtor prays that this Amendment be read and considered and for such other relief as the Court deems just and proper.

Respectfully submitted this 20th day of July, 2012.

\_\_\_\_\_/s/\_\_\_\_\_  
Carrie Oxendine, Bar No.: 141478  
Attorney for Debtor  
Berry & Associates  
2751 Buford Hwy  
Suite 400  
Atlanta, Georgia 30324

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF GEORGIA  
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IN RE: Rhonda Anita McLendon

Case No.: 11-55662

Judge: JRS

DEBTOR

VERIFICATION

Comes now the undersigned and hereby affirm that the information contained in the attached amendment is true and correct to the best of my/our knowledge.

Respectfully submitted this 20th day of July, 2012.

\_\_\_\_\_/s/\_\_\_\_\_  
Rhonda Anita McLendon

**B6I (Official Form 6I) (12/07)**In re Rhonda Anita McLendonCase \_\_\_\_\_  
(if known)

Debtor

**SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status: Single	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S): granddaughter, Grandson	AGE(S): 4, 5
<b>Employment:</b>	DEBTOR	SPOUSE
Occupation	Social Service Tech	
Name of Employer	Cobb Douglas Comm Service Board	
How long employed	6 years	
Address of Employer	3830 S. Cobb Drive, Ste 300	N.A.
	Smyrna, GA 30080	

INCOME: (Estimate of average or projected monthly income at time case filed)

	DEBTOR	SPOUSE
1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly.)	\$ 1,747.00	\$ N.A.
2. Estimated monthly overtime	\$ 0.00	\$ N.A.
3. SUBTOTAL	\$ 1,747.00	\$ N.A.
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and social security	\$ 161.00	\$ N.A.
b. Insurance	\$ 106.00	\$ N.A.
c. Union Dues	\$ 0.00	\$ N.A.
d. Other (Specify: _____)	\$ 0.00	\$ N.A.
5. SUBTOTAL OF PAYROLL DEDUCTIONS	\$ 267.00	\$ N.A.
6.. TOTAL NET MONTHLY TAKE HOME PAY	\$ 1,480.00	\$ N.A.
7. Regular income from operation of business or profession or farm (Attach detailed statement)	\$ 0.00	\$ N.A.
8. Income from real property	\$ 0.00	\$ N.A.
9. Interest and dividends	\$ 0.00	\$ N.A.
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above.	\$ 0.00	\$ N.A.
11. Social security or other government assistance (Specify) _____	\$ 0.00	\$ N.A.
12. Pension or retirement income	\$ 0.00	\$ N.A.
13. Other monthly income _____ (Specify) <b>Part Time Job</b>	\$ 0.00	\$ N.A.
14. SUBTOTAL OF LINES 7 THROUGH 13	\$ 200.00	\$ N.A.
15. AVERAGE MONTHLY INCOME (Add amounts shown on Lines 6 and 14)	\$ 1,680.00	\$ N.A.
16. COMBINED AVERAGE MONTHLY INCOME (Combine column totals from line 15)	\$ 1,680.00	

(Report also on Summary of Schedules and, if applicable,  
on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

None

In re Rhonda Anita McLendon Case No. \_\_\_\_\_  
Debtor (if known)

## SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

- |   |    |          |
|---|----|----------|
| 1. Rent or home mortgage payment (include lot rented for mobile home)   | \$ | 705.00   |
| a. Are real estate taxes included? Yes <input checked="" type="checkbox"/> No _____   |    |          |
| b. Is property insurance included? Yes <input checked="" type="checkbox"/> No _____   |    |          |
| 2. Utilities: a. Electricity and heating fuel   | \$ | 100.00   |
| b. Water and sewer  | \$ | 20.00    |
| c. Telephone  | \$ | 44.00    |
| d. Other <u>cable/internet/security</u>   | \$ | 100.00   |
| 3. Home maintenance (repairs and upkeep)  | \$ | 25.00    |
| 4. Food   | \$ | 100.00   |
| 5. Clothing   | \$ | 10.00    |
| 6. Laundry and dry cleaning   | \$ | 5.00     |
| 7. Medical and dental expenses  | \$ | 25.00    |
| 8. Transportation (not including car payments)  | \$ | 103.00   |
| 9. Recreation, clubs and entertainment, newspapers, magazines, etc.   | \$ | 0.00     |
| 10. Charitable contributions  | \$ | 0.00     |
| 11. Insurance (not deducted from wages or included in home mortgage payments)   |    |          |
| a. Homeowner's or renter's  | \$ | 0.00     |
| b. Life   | \$ | 0.00     |
| c. Health   | \$ | 0.00     |
| d. Auto   | \$ | 145.00   |
| e. Other _____  | \$ | 0.00     |
| 12. Taxes (not deducted from wages or included in home mortgage payments)   |    |          |
| (Specify) _____   | \$ | 0.00     |
| 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)  |    |          |
| a. Auto   | \$ | 0.00     |
| b. Other _____  | \$ | 0.00     |
| c. Other <u>HOA</u>   | \$ | 48.00    |
| 14. Alimony, maintenance, and support paid to others  | \$ | 0.00     |
| 15. Payments for support of additional dependents not living at your home   | \$ | 0.00     |
| 16. Regular expenses from operation of business, profession, or farm (attach detailed statement)  | \$ | 0.00     |
| 17. Other _____   | \$ | 0.00     |
| 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data) | \$ | 1,430.00 |
| 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:                                |    |          |
| <u>None</u>   |    |          |
| 20. STATEMENT OF MONTHLY NET INCOME   |    |          |
| a. Average monthly income from Line 15 of Schedule I  | \$ | 1,680.00 |
| b. Average monthly expenses from Line 18 above  | \$ | 1,430.00 |
| c. Monthly net income (a. minus b.)   | \$ | 250.00   |

**B6 Summary (Official Form 6 - Summary) (12/07)**

# United States Bankruptcy Court

Northern District of Georgia, Atlanta Division

In re Rhonda Anita McLendon  
Debtor

Case No. \_\_\_\_\_

Chapter 13

## SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

### AMOUNTS SCHEDULED

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A – Real Property	NO	0	\$ 0.00		
B – Personal Property	NO	0	\$ 0.00		
C – Property Claimed as exempt	NO	0			
D – Creditors Holding Secured Claims	YES	1		\$ 130,419.64	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	NO	0		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	NO	0		\$ 60,365.54	
G - Executory Contracts and Unexpired Leases	NO	0			
H - Codebtors	NO	0			
I - Current Income of Individual Debtor(s)	YES	1			\$ 1,680.00
J - Current Expenditures of Individual Debtors(s)	YES	1			\$ 1,430.00
<b>TOTAL</b>		3	\$ 0.00	\$ 190,785.18	

# United States Bankruptcy Court

Northern District of Georgia, Atlanta Division

In re Rhonda Anita McLendon  
Debtor

Case No. \_\_\_\_\_

Chapter 13

## STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
<b>TOTAL</b>	<b>\$ 0.00</b>

### State the Following:

Average Income (from Schedule I, Line 16)	\$ 1,680.00
Average Expenses (from Schedule J, Line 18)	\$ 1,430.00
Current Monthly Income (from Form 22A Line 12; <b>OR</b> , Form 22B Line 11; <b>OR</b> , Form 22C Line 20 )	\$ 2,747.00

### State the Following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 79,625.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 60,365.54
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 139,990.54

**Certificate of Service**

The undersigned hereby certifies that the below listed individuals have been served with a true and correct copy of the attached pleading by placing copies of same in a properly addressed envelope with adequate postage thereon and the depositing of same in the United States Mail.

Rhonda Anita McLendon  
1472 Riverrock Trail  
Riverdale, Georgia 30296

Adam M. Goodman  
Chapter 13 Trustee  
260 Peachtree Street  
Suite 200  
Atlanta, Georgia 30303

This the 23rd day of July, 2012.

\_\_\_\_\_/s/\_\_\_\_\_  
Carrie Oxendine, Bar No.: 141478

BERRY & ASSOCIATES  
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